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PATENT  
BUR02 P-124

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Group : 3723  
Examiner : Debra Meislin  
Applicants : John P. Kane and Karl D. Sachs  
Serial No. : 10/691,431  
Filing Date : October 22, 2003  
For : DUAL RING TIRE INFLATOR WITH  
SPLITTABLE SUPPORT PLATE

Mail Stop Reissue  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

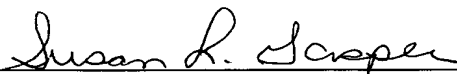
Dear Madam:

CERTIFICATE OF MAILING

I hereby certify that the attached return postal card, Claims As Amended Transmittal Sheet (1 page, in duplicate) and Correction of New Claims (10 pages) are being deposited with the United States Postal Service as first class mail in an envelope addressed to:

Mail Stop Reissue  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

on October 25, 2004.

  
\_\_\_\_\_  
Susan L. Gasper  
Van Dyke, Gardner, Linn & Burkhart, LLP  
2851 Charlevoix Drive, S.E., Suite 207  
P.O. Box 888695  
Grand Rapids, Michigan 49588-8695  
(616) 975-5500

TAF:slg



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Dear Sir or Madam:

Transmitted herewith is an amendment in the above identified application.  
The fee has been calculated as shown below:

CLAIMS AS AMENDED

Col. 1	Col. 2	Col. 3	Small Entity	Other Than Small Entity
	Claims Remaining After Amendment	Highest No. Previously Paid For	Rate	Add'l Fee
Total Claims	* 54	** 54	x \$9	\$ .00
Independent Claims	* 9	*** 9	x \$44	\$ .00
First Presentation of Multiple Dependent Claims			\$150	\$ .00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT				\$ .00

- \* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3  
\*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.  
\*\*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.  
The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

1. ☒ Small entity status of this application has been established.
2. ☒ No additional Fee is required.
3. ☐ A check in the amount of \$44.00 is attached.
4. ☒ Please charge any additional fees or credit overpayment to Deposit Account No. 22-0190.  
A duplicate copy of this sheet is attached.

VAN DYKE, GARDNER, LINN & BURKHART, LLP

Date: October 25, 2004

By Timothy A. Flory  
Timothy A. Flory, Registration No. 42 540  
2851 Charlevoix Drive, S.E.  
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Grand Rapids, Michigan 49588-8695  
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Dear Madam:

**CORRECTION OF NEW CLAIMS**

This is in response to the Office communication mailed October 5, 2004, which requires a correction of the new claims so that the new claims are underlined.

**Correction of the New Claims** are reflected in a listing of claims which begins on page 2 of this paper.

**Remarks** are on page 10 of this paper.